

FACILITY, INSTITUTION, OR DEPARTMENT NAME	
NUMBER	DATE
APPLYING TO STOCK RECEIVED REPORT:	
NUMBER	DATE
PURCHASE ORDER NUMBER	
ESTIMATE NUMBER	

VENDOR — Please send a credit memo for the following returned goods:

DESCRIPTION	QUANTITY	PRICE	AMOUNT		REASON FOR RETURN
TOTAL					



ARRANGEMENTS MADE WITH VENDOR

MATERIAL TO BE REPLACED

CANCEL RETURNED ITEMS FROM THE PURCHASE ORDER

***I hereby certify that this Returned Stock Report
applies to the original Stock Received Report
referred to above.***

STOREKEEPER'S SIGNATURE

Return of the above is approved.

AUTHORIZED SIGNATURE

POSTED TO PURCHASE ORDER	POSTED TO STOCK CARD